

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601347</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/28/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEW FOUNDATION</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5419 TWIN LANE CHARLOTTE, NC 28269</b>
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on 12-28-18. One complaint was substantiated (#NC00144251) and one complaint was unsubstantiated, (#NC00146383). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G 1700 Residential Treatment Staff Secure of Children or Adolescents.</p>	V 000		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> <li>(1) technical knowledge;</li> <li>(2) cultural awareness;</li> <li>(3) analytical skills;</li> <li>(4) decision-making;</li> <li>(5) interpersonal skills;</li> <li>(6) communication skills; and</li> <li>(7) clinical skills.</li> </ol> <p>(f) The governing body for each facility shall</p>	V 110		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 110	<p>Continued From page 1</p> <p>develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on interviews staff #2 failed to demonstrate decision making and clinical skills when working with the population served. The findings are:</p> <p>Interview on 12-12-18 with staff #2 revealed: -He did not get the girls up in the morning. -He had never checked on them in the shower. -"No,No,No" when asked about checking on them in the shower.</p> <p>Interview on 12-3-18 and 12-4-18 with client #1 revealed: -Staff #2 "tried to pull the covers off. I fought for the blanket and told him I was naked and he left me alone." -The male staff are nice. -"They are not supposed to come in our room, but they come in." -"He (staff #2) will knock on my door, turn on the light, then come in my room. I don't like it."</p> <p>Interview on 12-4-18 with client #2 revealed: -Staff #2 "goes into the girls rooms when they are naked and pulls the covers off." -"The clients tell him but he doesn't care if they are naked."</p> <p>Interview on 12-4-18 with client #3 revealed:</p>	V 110		

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V 110	<p>Continued From page 2</p> <p>-"[Staff #2] pulls the blankets off me. He keeps doing that. I asked him not to." -"I punched him in the face. I shouldn't have, but he was in my personal business."</p> <p>Interview on 12-4-18 with the school counselor revealed: -Client #3 was complaint that she sleeps in the nude and a male staff member takes the sheets off of her.</p> <p>Interview on 12-12-18 with staff #5 revealed: -She had heard all the girls complain about staff #2 pulling their covers off of them to wake them up. -She had sen staff #2 open the bathroom door when the girls were showering to check on them. -She did not think staff #2 was trying to be inappropriate, he was just checking on the girls.</p> <p>Interview on 12-28-18 with the director revealed: -They had addressed boundaries before. -They would have a staff meeting to make sure all staff understood staff boundaries and going in the girls rooms.</p>	V 110		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on observation and record review the facility failed to ensure an accurate MAR was being maintained and medications were not being dispensed, effecting three of three clients (clients 1-3) the finding re:</p> <p>Observation on 12-19-18 at approximately 7:00 am revealed:</p> <ul style="list-style-type: none"> <li>-Three small plastic containers with medications in them sitting on the desk.</li> <li>-Containers were labeled with clients names.</li> </ul> <p>Review on 12-19-18 of Client #1's December MAR revealed:</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>-Abilify 15 mg, Zyrtec 10 mg had already been documented as have been given for 12-29-18 AM</p> <p>Review on 12-19-18 of client #2's December MAR revealed: -Wellbutrin , Prozac 20 mg, Seroquel 25 mg already documented as have been given for 12-19-18 AM</p> <p>Review on 12-19-18 of client #3's December MAR revealed: -Zyrtec 10 mg, feosol 325 mg, Tenex 1 mg (1/2 tab), metformin 500 mg, Trileptal 300 mg had all been documented as have been given for 12-19-18 AM.</p> <p>Observation on 12-29-18 at approximately 8:00 am revealed: -Client #1 refusing her medications and staff #1 stating that "you have to take them, I already signed the MAR."</p> <p>Interview on 12-19-18 with staff #1 revealed: -She had already signed the MAR for the morning, even though she hadn't given the medications yet. -She was unaware that you couldn't dispense medications into small containers.</p> <p>Interview on 12-19-18 with the facility director revealed: -She didn't know why the staff had signed the MAR before giving medications, that was not the way that they had been trained. -She would talk to staff about placing medications in containers.</p>	V 118		

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V 296	Continued From page 5	V 296		
V 296	<p>27G .1704 Residential Tx. Child/Adol - Min. Staffing</p> <p>10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS</p> <p>(a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times.</p> <p>(b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows:</p> <p>(1) two direct care staff shall be present for one, two, three or four children or adolescents;</p> <p>(2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and</p> <p>(3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents.</p> <p>(c) The minimum number of direct care staff during child or adolescent sleep hours is as follows:</p> <p>(1) two direct care staff shall be present and one shall be awake for one through four children or adolescents;</p> <p>(2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and</p> <p>(3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.</p> <p>(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.</p>	V 296		

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V 296	<p>Continued From page 6</p> <p>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to ensure that two staff were present when clients were in the facility. The findings are:</p> <p>Observation on 12-3-18 at approximately 4:00 pm revealed: -One staff (facility manager) and one client.</p> <p>Observation on 12-28-18 at approximately 10:00 am revealed: -One staff and one client present at the facility.</p> <p>Interview on 12-3-18 with the facility manager revealed: -Another staff had taken a client shopping and would be back soon.</p> <p>Interview on 12-3-18 with client #1 revealed: -There was only one staff at the facility. -There are normally 2 staff there.</p> <p>Interview on 12-28-18 with staff #5 revealed: -He was the only staff working. -He offered no explanation as to where any other staff were.</p>	V 296		

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V 296	Continued From page 7  Interview on 12-28-18 with the director revealed: -All staff knew that there was supposed to be two staff in the facility at all times if clients were present. -They would talk to staff about the situation .	V 296		
V 736	27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.  This Rule is not met as evidenced by: Based on observation and interviews the facility failed to be maintained in a safe, clean and attractive manner. The findings are:  Observation on 12-3-18 at approximately 4:00 pm revealed: -Smoke detector beeping.  Observation on 12-19-18 at approximately 7:00 am revealed: -Three clients sleeping in the living room. -Space heater on the table, and one on the floor Space heater in the dining room area pointed toward the living room. -Bedroom #2 had no blinds on one window, panel missing from the closet wall exposing pipes, no dresser, clothes covering the floor. -Bedroom #3 the door won't remain shut without paper jammed into the latch, no blinds on one window, clothes covering the floor	V 736		



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V 736	<p>Continued From page 8</p> <p>-Front door handle appears to be held on with tape and will not stay shut.</p> <p>Observation on 12-20-18 at approximately 11:00 am revealed:</p> <p>-Client #2 laying on the sofa with space heater resting on the arm of the sofa, approximately 3 inches away from client and blankets</p> <p>-Second space heater up against the wall approximately 2 inches of space between the table and wall.</p> <p>Interview on 12-28-18 with the director revealed:</p> <p>-They would get the house fixed immediately</p> <p>-All staff had been instructed on safety of space heaters.</p> <p>-They were working on getting the heat fixed and the technician had been out to the facility several times.</p>	V 736		